Main acronyms

- ALNAP: Active Learning Network for Accountability and Performance in Humanitarian Action [alnap.org]
- CMAM: Community Management of Acute Malnutrition
- CTC: Cholera Treatment Centre
- CLTS: Community Led Total Sanitation
- CBO: Community Based Organisation
- COP: Covenant of Parties
- DAC: Development Assistance Committee
- DALYs: Disability Adjusted Life Years
- DOW: Drawers of Water
- DRM: Disaster Risk Management
- EWP: End Water Poverty
- GDP: Gross Domestic Product
- GFA: Global Framework for Action
- GHP: Global Humanitarian Platform
- GLAAS: Global Assessment of Sanitation and Drinking Water
- GWC: Global WASH Cluster
- HDR: Human Development Report
- HWWS: Hand Washing With Soap
- IASC: Inter Agency Standing Committee
- IPCC: Inter Governmental Panel on Climate Change
- JMP: Joint Monitoring Programme
- KAP: Knowledge, Attitude and Practices
- LFA: Logical Framework Analysis
- MOH: Ministry of Health
- NCA: Nutrition Causal Analysis
- NGO: Non-Governmental Organisation
- NFI: Non Food Items
- MDG: Millennium Goals for Development
- OECD: Organisation for Economic Cooperation and Development
- PCM: Project Cycle Management
- PFE: Partenariat Français pour l’Eau (French Water Partnership)
- PHAST: Participatory Hygiene and Sanitation Transformation
- PLHA: People living with HIV / AIDS
- SAM: Severe Acute Malnutrition
- TFC: Therapeutic Feeding Centre
- UNDP: United Nations Development Programme
- UNICEF: UNITED NATIONS CHILDREN’S FUND
- WASH: Water, Sanitation and Hygiene
- WHO: World Health Organisation
- WWW: World Water Week

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Publishing date

June 2011

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Introduction

Since 1979, Action Contre la Faim (ACF) International Network shares an overall vision of a world where children and adults have access to sufficient food and water and that they are able to attain with dignity. ACF’s mandate is twofold:

- To fight hunger and undernutrition worldwide, especially severe acute undernutrition, a preventable disease affecting 19 million people and killing 1 million children under 5 every year. (a)
- To respond to and be prepared for emergencies, as well as working on disaster prevention and mitigation of their impact: 3.4 million people die every year from WASH-related diseases, mainly diarrhoea. (b)

ACF’s approach to undernutrition combines treatment with an integrated preventive approach based on the conceptual framework of undernutrition. Proper access to safe water, sanitation and to a hygienic environment is intrinsic to addressing the issue of undernutrition. The three main underlying causes of undernutrition – insufficient or unsuitable food intake, poor care practices and disease – are directly or indirectly related to inadequate access to water, sanitation and hygiene. The basic causes of undernutrition, especially the issue of governance and national priorities are targeted by ACF through focused advocacy projects and communication campaigns, as these are what underpin the overall conceptual framework.

ACF’s approach to disasters is to intervene both at local and international levels, carrying out direct interventions for beneficiaries as well as becoming actively involved in coordination bodies such as the Global Clusters. The ACF approach concentrates on vulnerability reduction, risk management and response to crises (emergency response, preparedness and contingency plans, mitigation, resilience building and adaptation to climate change). ACF intervenes from emergency through to development, in more than 45 countries, with about 5,000 staff, and supports more than 2 million people in the WASH sector. (c) In addition to the clusters, ACF is an active member of key networks such as End Water Poverty, and Partenariat Français de l’Eau. ACF is also a member of the SPHERE project.
This document is a revised version of the 1st edition of the ACF WASH policy paper issued in August 2006 and takes into account numerous internal and external developments within the sector, as well as various comments and suggestions received since then. Its aim is:

1. To establish ACF’s position and set its course of action vis-à-vis the different challenges faced by the Water, Sanitation and Hygiene sector
2. To lay down a standard approach and serve as a platform from which to develop ACF’s technical strategy for this sector
3. To define the guiding principles, approaches and practices that govern ACF WASH-related interventions

Therefore it is a binding document for the Organisation that must be complied with both at Headquarters and at mission levels. It must ultimately be reflected in ACF WASH programme strategy, design and implementation. As indicated in their job descriptions, WASH programme coordinators and managers are responsible for ensuring optimum promotion, use and monitoring of this policy throughout the project cycle. This policy is not stand-alone as it integrates internal and external policies, guidelines and standards. Internally, it is embedded in other existing ACF policies and strategies, including both Technical and Operational policies. Externally, it integrates some key international principles and references such as SPHERE, World Health Organisation guidelines, OECD/DAC operational principles and the Millennium Development Goals initiatives (see 2010 WWW Statement, Annex 3), as well as national policies and strategies.

This document is divided into three sections. The 1st chapter looks at the “why?” of ACF WASH interventions, highlighting the global burden and resultant impacts, challenges and key initiatives within the sector. The 2nd frames the “what?” describing programme objectives and activities. Finally, the 3rd chapter defines the “how?” by setting technical and operational principles and values, as well the criteria for ACF WASH interventions.

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1 Research, HIV-AIDS and Gender Policies, Food Security and Livelihoods
2 External Evaluation Policy
3 The Humanitarian Charter of the SPHERE Handbook is based on the principles and provisions of International Humanitarian Law, International Human Rights Law, Refugee Law and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental organisations (NGOs) in Disaster Relief
Key challenges and initiatives of the sector

Water, Sanitation and Hygiene are pivotal to human existence and dignity. WASH conditions directly affect many aspects of human development, including health and nutrition, livelihoods, prosperity, environment, culture, and peace. Of direct interest for ACF (in line with its mandate) is the impact of WASH on undernutrition. As vital and basic as it is, adequate access to WASH services for billions of people remains a global challenge for the international community. Moreover, this crisis is rooted in power, poverty, inequality, poor governance and not in physical availability. There is more than enough water in the world for domestic use, for agriculture and for industry. The problem is that many people - particularly the poorest - are excluded from access to water and sanitation services. In essence, like hunger (which also to a great extent results from such exclusion), lack of access to adequate WASH facilities and services is a silent crisis suffered by the poor and tolerated by those with the means, the technology and the political power to end it.

Public health: undernutrition and hunger, WASH-related diseases

Hunger is a serious global crisis with devastating and far reaching repercussions on human existence and dignity. Hunger and nutrition crises are tightly enmeshed in the WASH crisis.

Indeed the majority of hungry people depend on agriculture and natural resources for their livelihoods and, therefore, on water (rain fed and irrigated crops, cattle rearing).

The symbiotic relation between undernutrition and diarrhoea is well established.

The undernourished are more likely to suffer longer bouts, higher incidence of and increased mortality rates from diarrhoea, while those suffering from diarrhoea are more likely to suffer from wasting, stunting and associated impacts such as decreased cognitive development, therefore creating a vicious circle.

Burden of Undernutrition (g. n)

- 55 Million children under 5 affected by acute undernutrition
- 19 Million children under 5 suffer from severe acute undernutrition (SAM)
- Maternal and child undernutrition is the underlying cause of 3.5 million deaths per year
- 860,000 deaths per year in children under 5 caused by undernutrition (d)

Pathways linking WASH with undernutrition
( WHO, 2007), Brown 2003, adapted ACF

Respiratory and other

HIV & AIDS

Impaired immune function
Impaired barrier protection

Inadequate water, sanitation and hygiene

Diarrhoea and other intestinal infections

Malnutrition

Catabolism
Malabsorption
Nutrient sequestration
Decrease dietary intake

ACF created

1979

Launching the WHO/UNICEF Joint Monitoring Programme for Water and Sanitation

1990

The Dublin Statement on Water and Sustainable Development Adopted January 31, 1992

1993


1996

The World Water Council (WWC) established

1997

Stockholm World Water Week is launched

World Water Day is launched annually on 22 March

WHY?
Diarrhoea related mortality risks increase by 80% in case of under nutrition or immunodeficiency (h). The most serious form of undernutrition (severe acute) is often caused by bad sanitation and disease (z).

Infections that lead to diarrhoeal diseases result mainly from pathogens transmitted by contaminated food or water, or through unhygienic contacts. Nearly half the people living in developing countries suffer at any given time from a health problem caused by poor water and sanitation.

Diarrhoea, like pneumonia, represents 14% of the yearly public health death toll for children under five: 8,087,000 (data 2009) (b).

Children suffering from severe infection with whipworm miss twice as many school days as their infection-free peers (e). In children, chronic heavy-intensity hookworm infections are associated with growth retardation, as well as intellectual and cognitive impairments (Neglected Diseases 2005) (b).

Diarrhoea is a very common symptom of HIV and AIDS; it affects 90% of PLHA, becomes more frequent and severe as the immune system deteriorates, and results in significant morbidity and mortality (Katabira 1999; Monkemuller & Wilcox 2000) (b).

The burden of WASH diseases:
- 2.2 million annual deaths (1.2 being children under five) attributable to preventable diarrhea (b)
- 80% of children dying from diarrhoeal diseases are <2 (j)
- 1.2 million malaria (including 647,000 under five) deaths each year (b)
- 280,000 preventable deaths from drowning (b)
- 2 billion people affected by intestinal parasitic worms (b)
- 25 million seriously incapacitated by lymphatic filariasis (b)
- 260 million with preventable schistosomiasis infections (b)
- 5 million people visually impaired by trachoma (b)

Diarrhoea, like pneumonia, represents 14 % of the yearly public health death toll for children under five: 8,087,000 (data 2009) (b).

Causes of Death among the under fives (b)

- Tetanus 1
- Diarrhoea 14
- Congenital 3
- Pneumonia 4
- Other 5
- Sepsis 6
- Birth asphyxia 9
- Preterm birth complications 12
- Globally, more than one-third of childhood deaths are attributable to undernutrition

The Sphere Project is launched by a group of humanitarian NGOs, the Red Cross and Red Crescent movements, framing a Humanitarian Charter and identifying Minimum Standards to be attained in disaster assistance. Sphere Handbook (1st edition) was completed in 2000, revised in 2004 and 2011.

World Toilet Day (WTD) is an initiative of World Toilet Organization (NGO network with 235 member organizations in 58 countries) committed to eliminating the toilet taboo and delivering sustainable sanitation.

The Humanitarian Reform (HR) was launched by the Inter-Agency Standing Committee (IASC) to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership.

The Global Annual Assessment of Sanitation and Drinking-Water (GLAAS) is a UN-Water initiative led by the WHO to complement the JMP.

The Global Annual Assessment of Sanitation and Drinking-Water (GLAAS) is a UN-Water initiative led by the WHO to complement the JMP.

The Millennium Development Goals (MDGs) Declaration, signed by 189 governments commit to a global partnership for development setting out 8 goals, with 2015 as the deadline.

UN General Assembly adopts Resolution Recognizing Access to Clean Water, Sanitation as a Human Right (28/07/2010)
A sector facing both on-going and new challenges

Over the past decade, the humanitarian landscape within which ACF operates has become more complex. New hazards have emerged and developed, adding to structural long-term challenges such as the neglected sanitation sub-sector. These new or on-going challenges of urbanisation, environmental degradation, climate change and migration, amalgamate within demography, population growth and economic marginalisation so that meeting growing needs induced by these phenomena becomes a huge challenge for the humanitarian community. This, in turn, gives rise to a new sense of global urgency, requiring global action, and finally giving new direction to ACF WASH interventions.

Access to basic infrastructures: sanitation is not on track

87% of the world population uses improved sources of drinking water (2010), and statistics have consistently increased since 2002. Nonetheless, 884 million people remain excluded from acceptable water services. On the other hand, the 2010 JMP (i) showed that 39% of the planet still does not have access to proper sanitation, and that the MDG target 7.9 related to sanitation might not be achieved by December 2015. Lack of water and sanitation jeopardises economic growth (sick days, medicine expenditures, time lost in water chores) and public health, whereas proper sanitation improves livelihoods (e.g. through eco-sanitation), the environment and human dignity.

WASH facts and figures 2010

- 2.6 billion people do not have access to basic sanitation (i)
- Lowest sanitation coverage is in Oceania (53%), Southern Asia (36%), Sub-Saharan Africa (31%) (i)
- Slowest progress in sanitation affects Sub-Saharan Africa (3% in the last 18 years) (i)
- Open defecation was still 17% in 2008: this globally diminishing number increases in urban contexts (i)
- 886 million people in developing countries have inadequate access to an improved water source (i)
- 1 billion urban dwellers do not have access to improved sanitation to meet MDGs (n)
- People living in slums pay water an average 5–10 times more than those living in city centres (o)
- In urban areas poorly served with water and sanitation, child mortality rate is multiplied by 10 or 20 compared to areas with adequate water and sanitation services (g)

WASH is an underfunded sector

A WHO study (Hutton and Haller, 2004) shows that achieving the MDG’s No 7 related to water and sanitation targets could bring economic benefits ranging from US$3 to US$34 per US$1 invested, thus increasing GDPs by an estimated 2% to 7% depending on the country context (k).

Compared to other sectors, the sanitation and drinking-water share of development aid has markedly decreased over the period 1998–2008, despite its relevance to the achievement of almost all of the MDGs. Commitments to water and sanitation amounted to US$7.4 billion, or 5% of all reported development aid(k). Aid for drinking-water and sanitation is generally not well targeted. Low-income countries receive only 42% of total aid and aid for basic sanitation and drinking water services decreased from 27% to 16% over the period 2003–2008. Developing countries indicate that they have rarely developed or applied criteria for the distribution of funding to unserved populations, especially with respect to sanitation. Financing for sanitation comprises 37% of total aid funding for sanitation and drinking water (k).

Urban contexts, demography and economic marginalisation

A rapidly increasing world population has outstripped development planning, leading to huge numbers of highly vulnerable people living in periurban slums at great risk of disaster (y). Although approximately 75% of poor people are presently located in rural settings (f), continuing trends in urbanisation will see around 2 billion living in urban slums as early as 2025+ (v): in 2009, urban populations exceeded those in rural areas, and this is a trend unlikely to reverse. Urban slums offer little access to clean water and adequate sanitation. Insecurity, discrimination and lack of community cohesion prevail: one in every three urban dwellers lives in precarious conditions without proper access to basic services. Poor and vulnerable people in developing nations have been marginalised by the world economy, leading to weakened public health services, job insecurity, lack of social protection and poor food security. This combination of factors (associated with poor hygiene practices) engenders health emergencies, including outbreaks of communicable diseases. For aid workers, this equates to a shift of operations from rural to urban centres. The humanitarian community faces major challenges in working in urban contexts: targeting, registering, service level and scaling-up activities, finding sustainable solutions, influencing local policy, developing or adapting current approaches and tools to urban settings, ensuring the respect of ethical and humanitarian principles (e.g. fighting corruption), and finally influencing specific donor strategies.

+ Around 70 % of the global population will be living in cities by 2050 (v)
Increased risk of disaster and climate change adaptation: the new challenges ahead
Climate change increases the frequency of heat waves and, along with higher rainfall intensity, drought, tropical storms and extreme sea levels are likely(s). This could lead to a 50% escalation in numbers of those affected by climate-related disasters by 2050 (x) and involve up to 50% of people living in developing countries by 2025 (t). It is predicted that climate change will have a massive impact on water resources with wide-ranging consequences for human societies and ecosystems (aa). Hundreds of millions of people risk exposure to a growing scarcity of water (ab), with repercussions for hygiene, running sanitation plants and ever more water chores especially for women. By 2025, 1.8 billion people will live in countries or regions suffering water shortages (ac). Climate change related alterations in rainfall, surface water availability and water quality will have an impact on the incidence of water-related diseases (ad). The contribution of climate-related stress to the global disease burden represents 5.5 million disability-adjusted life years annually (u).

Environmental degradation
Environmental degradation, including deforestation, desertification, resource depletion/scarcity and pollution is at the forefront of issues of growing concern for the international community. Ecosystem damage driven by unsustainable development practices and increasing population density are raising levels of vulnerability. An altered environment can become a driving force behind serious episodic and chronic crises with major humanitarian consequences. However, areas of concern are also those resulting from humanitarian contexts such as responses to major crises that can also generate environmental degradation.

ACF’s approach to these key challenges is reflected in the specific operational and technical orientations adopted by the Organisation:
- **Sanitation** is a sub-sector with increasing focus for the Organisation, especially in urban contexts
- **Urban contexts** are a significant and growing part of WASH programmes (e.g. 32% for ACF-France 2010)
- ACF advocates for sector funding through WASH advocacy organisations, such as EWP and GWC
- ACF is developing projects, policies and guidelines focussed on Environment, DRM and climate change
Conceptual Framework of Undernutrition, adapted from Black et al. 2008

**WATER, SANITATION, HYGIENE FACTORS**
- Poor Hygiene practices
- Time spent by women doing water-related chores, to the detriment of child –care, breast-feeding, or engaging in various social activities
- Time spent by children doing water-related chores, to the detriment of school attendance
- Insecurity linked to the lack of access to sanitary infrastructures
- Etc.

**WATER, SANITATION, HYGIENE FACTORS**
- Cost of water
- Water for agricultural and livestock production
- Financial cost of treatment of WASH related disease
- Etc.

**WATER, SANITATION, HYGIENE FACTORS**
- Sanitary conditions leading to disease development and transmission
- Recontamination of the environment and water sources by excreta
- Quantity of water available for personal and environmental hygiene
- Poor water quality
- Etc.

**Income Poverty:** Employment, self-employment, dwelling, assets, remittances, pensions, transfers, etc
- Time spent on water related chores rather than productive activities
- Etc.

**Inadequate maternal, infant and young child care practices**
- Poor Hygiene practices
- Time spent by women doing water-related chores, to the detriment of child –care, breast-feeding, or engaging in various social activities
- Time spent by children doing water-related chores, to the detriment of school attendance
- Insecurity linked to the lack of access to sanitary infrastructures
- Etc.

**Poor access to water, sanitation and health services, unhealthy environment**
- Sanitary conditions leading to disease development and transmission
- Recontamination of the environment and water sources by excreta
- Quantity of water available for personal and environmental hygiene
- Poor water quality
- Etc.

**Household food insecurity**
- Cost of water
- Water for agricultural and livestock production
- Financial cost of treatment of WASH related disease
- Etc.

**Socio-economic, historical, religious, cultural and political context**
- Human Right issues and global governance
- National priorities related to the sector
- International commitment and support
- Etc.

**Basic Causes**
- Global poverty and related HH priorities that are not necessary on WASH
- Workforce affected by WASH related diseases
- Lack of education, poor knowledge of hygiene practices
- Bad practice regarding sustainable use of water
- Area prone to drought or recurrent floods, climate change
- Etc.

**Underlying Causes**
- Income Poverty: Employment, self-employment, dwelling, assets, remittances, pensions, transfers, etc
- Inadequate maternal, infant and young child care practices
- Poor access to water, sanitation and health services, unhealthy environment
- Household food insecurity

**Immediate Causes**
- Inadequate dietary intake
- Disease

**Consequences**
- Long-term consequences: Adult size, intellectual ability, economic productivity, reproductive performance, metabolic and cardiovascular disease
- Short-term consequences: Mortality, morbidity, disability
Objectives and activities

Five major axes are prioritised (cf. ACF’s international strategy for 2010-2015), in relation to the dual objective of ACF set out in the introduction to this document — fight hunger and undernutrition, emergency response and disaster risk management. The concept underpinning all ACF’s policies and strategies remains however to achieve a stronger and more sustainable impact by up-scaling activities, intervening judiciously by means of contingency and emergency response and with concern for accountability by promoting and organising external audits of projects undertaken in partnership with stakeholders and primarily the communities involved. This focus on coverage should in no way come at the expense of quality of the intervention, but should rather guide the organisation in seeking alternative strategies, from partnerships to the promotion of human rights.

I - Increase impact on acute undernutrition, curatively and preventively, especially in young children

**Curative** (in health and nutrition centres):
- WASH in nutrition and health centres, e.g. water points and toilets facilities; refuse collection transport and disposal; medical waste management; run-off and wastewater disposal systems; etc.
- Support to CMAM projects

**Preventive:**
WASH projects developed in areas identified as high prevalence acute undernutrition zones (integrated approach) through:
- Construction and rehabilitation of water supply and sanitation systems in communities targeted by nutrition programmes - excreta disposal management systems; solid waste management systems; vector control (e.g. malaria prevention)
- Integration with nutrition & health sector related to hygiene promotion & care practices (hand washing; projects focused on mothers and young children; WASH in schools)
- Support to CMAM projects

II - Respond to and prevent humanitarian crises, address vulnerability and reinforce longer term resilience to food, water and nutritional crises

- **Disaster Risk Management:**
  - Preparedness, mitigation, prevention and emergency response
- **Emergency response:**
  - Construction and rehabilitation of emergency type systems to meet survival WASH needs of affected communities (Cholera treatment centres, camps)
  - Hygiene promotion
  - Contribution to coordination mechanisms (Clusters)
  - Rapid deployment (RRT, emergency pool)
- **Resilience of communities:**
  - Conservation of water sources through integrated management of the resource
  - Construction and rehabilitation of infrastructures, including for agriculture and livestock (irrigation, ecosan, cattle througths)
  - Operation and maintenance of infrastructures
  - Vector control (mosquitoes, worms, flies, rodents, etc.)
  - Hygiene promotion and education in communitiys and schools (WASH in Schools)

III - Develop partnerships with local, national and international stakeholders to increase the number of people we assist and promote sustainability

- Capacity building through knowledge and resource transfer, training local and national structures
- Joint programming and implementation with local and national structures (Government, NGOs, CBOs, Private)
- Community accountability mechanisms, etc.

IV - Build our capacity to ensure an effective and efficient response to humanitarian crises

- Emergency pool and Rapid Response Team at Headquarters and rapid response teams at Mission level to ensure timely response to crises
- Standard emergency stocks at Headquarters, regional and mission levels to ensure timely response to crises
- Package of adapted tools (assessments, monitoring, samples for concept papers and proposals, contingency planning, etc.) at mission level
- Appropriation of Cluster Approach both at Global (Headquarters) and country (mission) levels, etc.

V - Maximise our pre-eminence as an advocate and a reference source on hunger and undernutrition

- Evidence-based data collection and use to influence decision-making, especially related to undernutrition (NCA, etc).
- Promotion of legal framework, rights and governance in all ACF sectors of intervention
- Promotion and active involvement in key events (World Water Day, Handwashing Day, etc) to raise public awareness to ACF’s aims, etc.
- Scientific publications and media interventions to advocate in respect of WASH sector and its links with undernutrition.

Some WASH activities & approaches related to the 5 pillars of ACF’s strategy for 2015
A coordinated (coherence with strategy of other actors) and integrated approach (combining several sectors with common targets and beneficiaries, e.g. support to nutrition and food security projects) must be prioritised. Health data, especially on nutrition, is primarily used to guide entry and exit points for WASH interventions— as well as to validate their impact. WASH infrastructure coverage data is deemed to be a second step in the selection of areas for action.

ACF WASH projects intend to expand their focus to cover periurban settings, sanitation (including eco), care practices (including handwashing promotion) and DRM. Low-cost and appropriate replicable technologies, public/private partnerships, value chain and social marketing, integrated natural resource management, and enhancing institutional support mechanisms will be explored as key approaches towards increasing coverage and sustainability. Research and Organisational learning, to share and replicate good practices, are inextricably linked to ACF WASH interventions.

The ultimate goal of WASH programmes is to contribute to the reduction of mortality and morbidity rates, especially in under-five children, by:

- contributing to prevent and treat acute under nutrition,
- addressing the survival needs of populations,
- reducing the risk of the spread of and vulnerability to WASH-related diseases,
- supporting food security, livelihoods and socio-economic development of vulnerable communities,
- building population’s resilience to crisis

5 This may not apply to stand-alone DRM and emergency projects
I – Increase ACF’s impact on acute undernutrition, curatively and preventively, especially in young children

Regardless of the context (emergency, rehabilitation, development), ACF promotes a public health approach corresponding to the conceptual framework of undernutrition. Providing WASH facilities and services to reduce the risk of spreading WASH-related diseases is one way to prevent undernutrition and mortality. Similarly, the curative WASH-related needs of patients (especially the undernourished) in hospitals, health and nutrition centres and in areas where undernutrition projects are run will be addressed (integrated approach). ACF gives priority to WASH interventions in zones experiencing high levels of undernutrition and requiring immediate action (defined by WHO as greater than 10% GAM plus aggravating factors and taking population density into account) or that are at significant risk of attaining critical levels of undernutrition (5-10% GAM ibid.). Specific areas with high prevalence of diseases that directly impact the risk and/or prevalence of undernutrition (diarrhoeal diseases, malaria, HIV/AIDs) also receive priority for WASH interventions. Malaria prevention is part and parcel of ACF WASH activities.

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II - Respond to and prevent humanitarian crises, address vulnerability and reinforce longer term resilience to food, water and nutritional crises

Prior to humanitarian crises, ACF mainstreams Disaster Risk Management through its emergency response capacity. DRM comprises preparedness (early warning systems, contingency planning, linking with coordination bodies and task forces such as WASH Cluster, cholera task forces), mitigation (reducing impact of shocks and disasters on populations, improving sanitation to reduce the risk of transmitting WASH-related diseases) and prevention (working with institutions and local authorities on core DRM strategies, building up capacities of local counterparts).

In addition, ACF considers reinforcing community resilience (capacity to face, adapt to and recover from disaster) to be a major issue. This is especially true for communities affected by climate change and global warming related disasters. WASH projects are designed to support food security, livelihoods and socio-economic development in coherence with global and national initiatives (e.g. MDGs, Poverty Reduction Strategies).
III - Develop partnerships with local, national and international stakeholders to increase the number of people ACF assists and promote sustainability

ACF promotes partnerships that first and foremost focus on the target population and commit to the Principle of Partnership endorsed by the GHP (equality, transparency, result-oriented approach, responsibility and complementarity). The provisions of any partnership and what they involve are fundamental, far-reaching and affect key aspects of programmes such as appropriateness, effectiveness, efficiency and sustainability. The partnership approach also potentially impacts the coverage (e.g. indirect beneficiaries). Finally, it contributes to building-up civil society.

Partnership activities are wide-ranging. They may, for example, entail identifying and working with national and local partners (NGOs, Community Groups, private sector, etc.) to strengthen and expand mutual capacities. They involve active participation in coordination activities (Cluster, consortium, etc.) or network organisations (e.g. PFE, WWC).
IV - Build ACF’s capacity to ensure an effective and efficient response to humanitarian crises

Professionalism is one of the principles of ACF’s Charter. Adequate knowledge, skills and resources are prerequisites to the ability to develop and implement programmes. Therefore systematically developing research, deploying professional and committed human resources, enhancing management, finance and logistics capacities are an integral part of ACF WASH policy at all levels (Headquarters and Missions). In concrete terms, this involves planning and investing time and resources in research, career plans (for national and international staff), staff training and evaluation and interaction with the support sectors (i.e. Logistics, Human Resources, Communication and Administration).

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V - Maximise ACF’s pre-eminence as an advocate and reference source on hunger and undernutrition

Sound advocacy is a powerful means of promoting and achieving change and increasing project coverage and impact. For ACF, undernutrition should be the hub of advocacy action. Global nutrition and WASH agendas are currently separate and distinct. Therefore, a two-fold advocacy focus for ACF is to ensure that undernutrition is placed high on international WASH advocacy agendas and, in turn, make certain that WASH is considered within all global nutrition advocacy initiatives.

In ACF WASH interventions, space need to be systematically sought for advocacy related activities as part of a WASH contribution to “food for thought” in the immediate and underlying causes of undernutrition and mortality. Field data relating to WASH coverage, economic benefits and risks, disease and undernutrition must be collected and analysed in ways consistent with the global advocacy aims of the Organisation. WASH specialised networks, such as End Water Poverty or Coalition Eau (Water Coalition), offer opportunities for ACF WASH-related advocacy by means of their promotion and provision with tangible and reliable field evidences. Using advocacy networks is also a way to preserve ACF operational capacity.
Intervention principles and criteria

Overarching principles

Humanitarian principles

ACF is committed to the humanitarian principles outlined in its International Charter (Annex 1) and which underpins each and every ACF intervention, as well those set out in the ICRC and RC code of conduct.

Professionalism and quality insurance

WASH projects must show evidence of technical excellence based on the principle of professionalism: processes, used materials and resources must systematically undergo quality control.

Grassroots approach, community empowerment and accountability

ACF ensures an active community decision-making through participation and involvement at all stages of the PCM. Furthermore, ACF is committed to redevability in the frame of its projects.

A community-led approach is pivotal for project success (e.g. PHAST and CLTS).

Accountability is ensured by developing participation, transparency, feedback, monitoring and evaluation and complaint mechanisms in cooperation with communities and main projects stakeholders such as local authorities and MOH. Staff competence and attitudes is also scrutinised.

External evaluation including sharing results (e.g. ACF contributes to the ALNAP website) is a powerful accountability tool. Similarly, learning processes contributes to projects quality insurance.

Rights-based approach

ACF believes that, ultimately, meeting sustainably water and sanitation needs of vulnerable populations is only possible if a rights-based approach is supported at all levels (global, regional and national).

ACF supports the MDG initiative and advocates for the operational realisation of the Right to Water and Sanitation as a Fundamental Human Right.

ACF, mainly in urban contexts, must ensure that accessibility to services for the most vulnerable is considered (e.g. working with local authorities and private stakeholders on an affordable price of water for the most deprived, making people aware of their rights and duties related to water services).

ACF must be aware of the position of the right to water in the constitution or official documents of any country in which they intervene and work in conformity with any such legal frameworks.

The “first do no harm” and precautionary principle

The “first do no harm” principle ensures that activities do not adversely affect local communities (health, security, socio-economic, environmental parameters) including anyone working in ACF projects. Likewise, the precautionary principle will cause project cancellation at any time an uncontrollable risk is identified.

WASH projects (potentially apart from an emergency) must be subject to a pre-project feasibility study (health, technical, socio-economic, environmental), that includes above principles.

The enforcement of health and safety regulations (e.g. fencing sites, protective clothing for workers) on building sites is the responsibility of the programme manager and should be monitored by him.

Programmes preserve and do not adversely affect the environment (e.g. decommissioning of infrastructures and sites rehabilitation, no contamination and preservation of the resource, hydrological parameters monitoring).

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6 The rights-based approach, as all strategic components, should be endorsed separately by each ACF Board

7 Using WHO water quality guidelines especially public health quoted elements (As, Cl, Cu, F, Pb, Mn, NO3, NO2)
Operational principles

Besides the above principles, ACF also obeys a code of ethics consisting in certain technical and operational doctrines and values enshrined in the methodology of OECD’s Development Assistance Committee (p). In designing, implementing, reviewing and evaluating its interventions ACF must abide by those principles.

1 - Achieving a measurable impact

The result of WASH interventions should be to have exerted a positive impact in terms of significant and sustainable change in the lives of targeted populations. Impact pertains to the overall objectives of a project and therefore is not easy to measure. However, measuring the effect, at a specific objective level, is essential.

The impact of WASH programmes is in fine demonstrated through morbidity data monitoring (q). When reliable morbidity data is not available, proxy indicators (e.g. improvement of the daily personal domestic water quantity) captured via comparison of initial and final KAP surveys must be used.

Impact is enhanced by an integrated approach illustrated by Nutritional Causal Analysis (NCA) (q).

The impact of WASH interventions on under five diarrhoeal morbidity is illustrated by Fewtrell et al chart (r) and must guide ACF programming. Efficiency is another parameter to consider (cf. chart below). For example, handwashing with soap (HWWS) is a practice that can reduce ARI’s by up to 23%. Equally maternal HWWS can reduce neonatal mortality by 44% (e).

<table>
<thead>
<tr>
<th>Impact of WASH activities on under 5 diarrhoeal morbidity (Fewtrell, 2005)</th>
<th>Cost-effectiveness of Interventions against Diarrhoeal Disease (Jamison et al 2006)</th>
<th>Ratio (US$ per DALY averted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>source water treatment (11%)</td>
<td>Cholera immunizations</td>
<td>1,658 to 8,274</td>
</tr>
<tr>
<td>water supply (25%)</td>
<td>Rotavirus immunizations</td>
<td>1,402 to 8,357</td>
</tr>
<tr>
<td>hygiene education (28%)</td>
<td>Measles immunization</td>
<td>257 to 4,565</td>
</tr>
<tr>
<td>sanitation (32%)</td>
<td>Oral rehydration therapy</td>
<td>132 to 2,570</td>
</tr>
<tr>
<td>point of use water treatment (39%)</td>
<td>Breastfeeding promotion programs</td>
<td>527 to 2,001</td>
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<tr>
<td>handwashing with soap (44%)</td>
<td>Latrine construction and promotion</td>
<td>≤270.00</td>
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<tr>
<td></td>
<td>House connection water supply</td>
<td>223</td>
</tr>
<tr>
<td></td>
<td>Hand pump or stand post</td>
<td>94</td>
</tr>
<tr>
<td></td>
<td>Water sector regulation and advocacy</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Latrine promotion</td>
<td>11.15</td>
</tr>
<tr>
<td></td>
<td>Hygiene promotion (including hand washing)</td>
<td>3.35</td>
</tr>
</tbody>
</table>

To strengthen their impact, WASH projects must combine the improvement of safe water access, sanitation and hygiene, leading to a behaviour change for the target group. This integrated approach will also influence the degree of project efficiency.

Achieving full coverage of an area (e.g. through CLTS approaches) is a precondition to achieving a real impact on the public and on environmental health.

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8 Development Assistance Committee is the principal body through which the OECD deals with issues-related to co-operation with developing countries. It works on: aid statistics and effectiveness, conflicts and fragility, policies for development, governance, gender, evaluation of programmes, MDGs, poverty reduction and capacity building.

9 Although WASH programmes also have an impact on other sectors (socio-economic, rights, etc.)
2 - Coherence

Coordination demands that we respect, value and work closely with communities, national and local authorities (when applicable) and other partners (donors, UN agencies) in order to avoid gaps and duplications, reduce the risk of conflict and increase the efficiency of the overall response. Standardisation offers an opportunity for a harmonised response especially in emergency context. This aims at minimising potential for conflicts induced by humanitarian aid, and can be achieved by sharing the same indicators and standards among all actors.

Regardless of the context (emergency, rehabilitation, development), ACF actively contributes to sector coordination, being an active member of the WASH Cluster\(^\text{10}\). Such involvement requires ACF’s active contribution to the coordination mechanisms at both global and national levels, and that ACF is familiar with the Cluster’s procedures and tools prior to the emergency response.

ACF must apply SPHERE Humanitarian Standards in emergency situations and WHO guidelines / national standards in development contexts. When discrepancies exist between international and national standards, ACF will use the sector coordination to advocate for upgrading national policies.

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Cross-cutting issues

Cross-cutting issues are multi-sectoral. They must be considered as factors that can exacerbate vulnerability and therefore they need to be integrated into any ACF WASH intervention strategy. They include disability, gender, age, HIV, environment, political or economical discrimination, displacement, protection.

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3– Coverage

Coverage implies three notions that do not necessarily match each other: vulnerability of beneficiaries, number of people served by the project and its geographical scope\(^\text{11}\). Coverage is hardly a matter of geographical deployment, as the same coverage figures can apply in a dense urban district as in a large rural region with a scattered population.

Coverage implies that the most vulnerable groups are targeted within an appropriate geographical area. This one is strategically selected, taking into account sanitary risk (nutritional and WASH morbidity/mortality), demonstrated needs, sector coordination, global feasibility and potential for impact. Potential for creating tensions between communities must be anticipated via a transparent programming.

In the first phase of an emergency intervention, ACF will aim at covering basic needs for as many people as possible, based on survival standards, which will then be progressively upgraded. On the opposite, in post-crisis and development contexts, ACF will prefer to achieve a full coverage of a targeted area rather than diluting its activities across a larger one.

ACF recommends that hospitals, health centres, nutrition centres and schools should be the first structures to be provided with safe water and hygienic sanitation facilities in its areas of intervention.

ACF also recommends the rehabilitation of existing infrastructures before constructing new ones for reasons of coverage, appropriateness and efficiency.

ACF is committed to increasing the number of people benefiting of its programmes, in line with the national sector strategies aligned to MDGs.

Replication of activities by the community is favoured by promoting low-cost technologies and has a great influence on projects coverage.

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\(^{10}\) ACF has been an active member of the Global WASH Cluster since 2006, and has developed a positioning paper on the Humanitarian Reform.

\(^{11}\) Note: coverage refers to the number of people served by a project, not to the geographical scope of the intervention.
4 – Relevance and Appropriateness

**Relevance** is obtained by ensuring that ACF WASH projects match the local needs, rights and priorities of beneficiaries.

- Programming (all PCM steps) needs to be driven by a participatory approach.
- ACF promotes an evidence-based approach, i.e. documented, monitored, thorough, explicit and judicious use of the latest and most reliable data in making programme decisions. “DOWII” classification of disease by transmission mode and “5F” diagram are two examples.
- For ACF interventions emergency is a priority rather than development, and the Organisation therefore prefers an approach based on a public health risk analysis, prior to one that is needs-based. For example, ACF promotes sanitation in peri-urban contexts, rather than in rural areas. The risk to public health caused by poor sewage management is far more critical in urban than in rural areas, even in cases where rural sanitation coverage is lagging behind.
- The “ideal” targeting considers an amalgam of the following issues: organisation and host country strategy (when agreeable), confirmed risks and needs, feasibility, logistics constraints and security, community capacity and motivation for the project, coordination with partners, integration of different sectors, extent of coverage and the potential to generate sustainable impact.

**Appropriateness** means tailoring project activities to meet the needs of local contexts and communities, thus increasing appropriation, accountability, ease of operation and maintenance and sustainability. This implies that activities are designed in keeping with the wishes, competence and capacity of beneficiary communities.

- The contribution of the communities (financial or other) to a project increases appropriation, accountability and sustainability. However, the level of involvement must be accurately tailored to match community capacity, and settled in coordination with other actors.
- Feasibility covers at least five factors: health (e.g. water quality parameters), technical (e.g. hydrologic parameters to extract water from an aquifer), cultural (e.g. defecation practices) socio-economical (e.g. the financial capacity to run a water plant) and environmental (e.g. preservation of the resource).
- ACF WASH programmes will be conceived on the basis of scientifically and rigorously tested solutions that have proved effective.

**ACF Key Intervention Criteria**

Due to the “raison d’être of the Organization” entry criteria are ideally, but not exclusively, determined by the prevalence or risk of acute undernutrition. Emergency is equally a valid entry criteria.

Limited time and resources means that priorities must be set strategically to achieve maximum impact and coverage.

- Population survival is threatened (risk-based approach)
- Crises are recurrent and are leading to disintegration of the affected communities (risk-based)
- Communities petition for assistance (demand-based)
- In-country structures are unable to respond to needs and require external assistance (needs-based)
- Populations are prevented from attaining minimum standards of living and human dignity (rights-based)

**Typology of beneficiaries**

- Populations with high prevalence or at risk of acute undernutrition or epidemics
- Displaced or refugee communities in need
- Communities having lost their livelihoods due to crisis (open conflict, natural disaster, etc.)
- Populations victims of the discriminatory behaviour of governments, other communities or groups
- Isolated communities, excluded from development plans
Sustainability is achieved by exploring and putting in place means/measures that will ensure that the project’s benefit continue onwards its end\textsuperscript{12}.

Sustainability must be taken in account in the earlier stages of the project cycle, i.e. within the framework of the feasibility study. The institutional link between communities (through their water and sanitation committees) and the relevant authorities, such as water ministries and municipalities is a way to avoid substitution\textsuperscript{13} and a prerequisite for sustainability. Authorities should in no way disengage from their institutional responsibilities and remain the primary WASH service providers for their communities.

The combination of human, environmental and resource components (integrated resource management) is essential for overall project sustainability. This concept is ideally developed on a watershed scale to maintain coherence with the overall water source renewal and draw off.

Any project promoting economical benefit for the population (e.g. income generating activities such as setting-up a local private water pump spare part company) has the potential for sustainability. A value chain approach, especially through public/private partnerships (PPP)\textsuperscript{14}, is a good example of rendering projects sustainable through economical benefits generated, especially in urban contexts.

Appropriation and ownership, is another sustainability determinant. It is a process by its own and is measured through a regular monitoring of water comitie’s dynamism (and financial wealth).

Building capacity of the communities, water and hygiene committees and local authorities is a strong added value toward sustainability.

Disengagement of a project to an authority or a national NGO and replication of activities are integral parts of sustainability. Replication of a project by the community is the utmost achievement of sustainability.

\textsuperscript{12} Sustainability is context specific, given that emergency response interventions are not meant to last forever.

\textsuperscript{13} Authorities must not be disengaged from their institutional mandate and are the population’s primary service providers.

\textsuperscript{14} Please note that the 5P approach (Scott & Jenkins, 2005) refers to Product, Price, Place, Promotion and Policy.
6 - Effectiveness

Effectiveness is about achieving the objectives of the project in a timely manner on the basis of resources, activities and services planned and carried out. It links results (outcomes) to activities (outputs) implemented.

Effectiveness in an emergency is the capacity to deploy in the shortest possible time. It means contingency plans and prepositioned emergency stocks and actively participating in coordination groups (especially the WASH cluster) before, during and after an emergency occurs. It means ownership of cluster tools, such as standard assessment forms.

A well-structured project is designed according to a Logical Framework Analysis, with SMART\(^{15}\) indicators.

Effectiveness will be obtained by designing and following an appropriate project timeframe and documented monitoring of activities that ensure the PCM is taken fully into consideration.

7 - Efficiency

Link between input (mainly financial) and outputs (activities). This requires an optimized use of human resources logistics and finance resources, which calls for sound administrative and managerial processes.

Efficiency is demonstrated through accurate and systematic (ideally monthly) budget follow-up, standard logistics and financial processes.

Promoting wherever possible low-cost technologies, and purchasing locally whenever possible.

Promoting alternative funding strategies, e.g. community contribution to the project (in-kind or financial) through smart financing mechanisms (revolving funds, micro lending), income generating activities, etc.

\(^{15}\) Specific Measurable Achievable Relevant and Time-bound
ANNEXES

Annex 1 → ACF Charter of Principles
Annex 2 → ACF WASH Key Activities
Annex 3 → WWW 2010 Statement
Annex 4 → Key References

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Annex 1: ACF Charter of Principles

ACF is a non-governmental, non-political, non-religious, non-profit network of Action contre la Faim, Acción Contra el Hambre and Action Against Hunger organisations. It was established in France in 1979 to deliver aid in countries throughout the world. The mission of ACF is to save lives by combating hunger and the diseases that threaten the lives of vulnerable children, women, and men. ACF intervenes in the following situations:

- natural or man-made disasters that threaten food security or that result in famine;
- situations of social/economic breakdown, linked to internal or external circumstances that place groups of people in extremely vulnerable positions;
- Situations where survival depends on humanitarian aid.

ACF provides assistance either during the crisis itself, through emergency interventions, or afterwards through rehabilitation and sustainable development programmes. ACF also intervenes to prevent certain high-risk situations. The goal of all ACF programmes is to enable beneficiaries to regain their autonomy and self-sufficiency as quickly as possible. While carrying out its activities, ACF respects the following principles:

**Independence**

ACF acts according to its own principles so as to maintain its moral and financial independence. ACF’s actions are not defined in terms of domestic or foreign policies, or in the interest of any particular government.

**Neutrality**

A victim is a victim. ACF maintains strict political and religious neutrality. Nevertheless, ACF may denounce human rights violations that it has witnessed as well as obstacles put in the way of its humanitarian action.

**Non discrimination**

ACF refutes all discrimination based on race, sex, ethnicity, religion, nationality, opinion or social class.

**Free and direct access to victims**

ACF demands free access to victims and direct control of its programmes. ACF uses all means available to achieve these principles and will denounce and act against any obstacle that prevents it from doing so. ACF also verifies the allocation of its resources to ensure that they reach the individuals for whom they are destined. Under no circumstances can partners working with or alongside ACF become the ultimate beneficiaries of ACF aid programmes.

**Professionalism**

ACF bases the conception, realisation, management and assessment of its programmes on professional standards and its years of experience to maximise its efficiency and use of resources.

**Transparency**

ACF is committed to respecting a policy of total transparency to beneficiaries, partners and donors and encourages the availability of information on the allocation and management of its funds. ACF is also committed to providing guarantees of good management.
## Annex 2: ACF WASH Key Activities

<table>
<thead>
<tr>
<th>Domains</th>
<th>Activities</th>
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<tbody>
<tr>
<td>Context analysis and studies</td>
<td>Socio-economic studies related to water and sanitation</td>
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<tr>
<td></td>
<td>KAP surveys, sanitary surveys</td>
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<tr>
<td></td>
<td>Evaluation of existing and potential water resources</td>
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<td></td>
<td>Monitoring of hydro-geological parameters (piezometric levels, etc.)</td>
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<tr>
<td>Hygiene</td>
<td>Construction / rehabilitation of sanitary infrastructures</td>
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<td></td>
<td>- Showers and laundry areas</td>
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<td>- Hand-washing facilities</td>
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<td></td>
<td>PHAST and other participatory approach (social marketing, etc)</td>
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<td></td>
<td>Hygiene education (at schools)</td>
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<td>Hygiene promotion</td>
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<td></td>
<td>- Basic hygiene habits such as hand washing</td>
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<td>- Use of water and latrines</td>
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<td></td>
<td>- Hygiene and food</td>
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<td></td>
<td>- Hygiene kits distribution</td>
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<tr>
<td>Water supply and management</td>
<td>Construction / rehabilitation of water points:</td>
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<tr>
<td></td>
<td>- Open wells</td>
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<td></td>
<td>- Boreholes</td>
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<td>- Springs, River / lake catchment</td>
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<td>- Rainwater catchments</td>
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<td>- Ponds</td>
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<td>Conservation of water sources: integrated management of the resource</td>
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<td>Water systems for agriculture (irrigation) and livestock (Cattle troughs)</td>
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<td></td>
<td>Installation of water-extraction systems:</td>
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<td>- Manual (e.g. rope and bucket)</td>
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<td></td>
<td>- Gravity</td>
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<td>- Hand pumps</td>
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<td>- Motorised pumps</td>
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<td>- Solar systems</td>
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<td>Water trucking</td>
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<td></td>
<td>Water-quality analysis and monitoring</td>
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<td>Water treatment (point of delivery, point of use)</td>
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<td></td>
<td>Storage and distribution,</td>
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<td>Public Private (&amp; People) Partnership (PPP and PPPP)</td>
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<tr>
<td>Excreta management</td>
<td>Construction / rehabilitation of latrines</td>
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<td></td>
<td>Composting / ecological sanitation</td>
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<td></td>
<td>Community Led Total Sanitation approach (CLTS, etc.)</td>
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<tr>
<td>Liquid waste</td>
<td>Sewerage systems and treatment</td>
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<td></td>
<td>Drainage systems, grease traps and soakaway pits</td>
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<td>Solid waste</td>
<td>Solid waste management</td>
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<td>Medical waste management</td>
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<td>Value chain approach, recycling</td>
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<td>Vector control</td>
<td>Risk analysis</td>
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<td>Vector-related hygiene awareness</td>
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<td>Mosquito-net distribution, etc</td>
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<td>Insecticides, rodenticides and disinfection, fly traps</td>
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<tr>
<td>Sustainability, partnership, disengagement</td>
<td>Operation and maintenance</td>
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<td></td>
<td>Models of partnership</td>
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<td></td>
<td>Disengagement and exit strategies</td>
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<tr>
<td>Knowledge transfer and local capacity building</td>
<td>Strengthening of local and national structures and training</td>
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<tr>
<td></td>
<td>Management models set-up, system exploitation</td>
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<td></td>
<td>Data collection and transfer of information</td>
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<td></td>
<td>Water policy development</td>
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<tr>
<td>Disaster risk management and Response</td>
<td>Preparedness, mitigation, prevention</td>
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<td></td>
<td>Emergency response</td>
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<td></td>
<td>Protection of river banks, soil conservation, environment</td>
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<tr>
<td>Advocacy</td>
<td>Evidence based data collection</td>
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<tr>
<td></td>
<td>Promotion of Legal framework, right and governance</td>
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<td></td>
<td>Gender</td>
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</tbody>
</table>
Our goals need water

(Statement endorsed by ACF with 2500 other WASH experts, NGOs, practitioners, decision makers and business innovators, including)

The management and provision of water resources, water services and sanitation are some of the most cost efficient ways to address all the Millennium Development Goals. It is a fact: the MDGs will only be achieved by wise management of water resources and secure and equitable access to safe water and adequate sanitation. Wide application of current knowledge and practice will alleviate the suffering of billions of children, women and men. It will also free up scarce human and financial resources to be spent on meeting other development challenges.

But water needs more attention: policy, investment and management. Continuing to neglect it is a recipe for disaster, and the failure of all MDGs.

• Lack of water and sanitation makes people poor. Inadequate access to water and sanitation deprives billions of people, especially women and girls, of opportunities, dignity, safety and wellbeing. [MDG 1]
• We fear drastic increases in hunger from more floods and more droughts. Improved water management is key to food production, especially in a changing climate. [MDG 1]
• We deplore that the diseases of poor water quality still cause half of the malnourishment in our world. [MDG 1]
• Hauling water takes a huge toll on unserved households’ time. Poor access hampers democratic participation and economic development as well as hindering children, especially girls, from attending school and causes girls to drop out. [MDG 2]
• Deprivation of water and sanitation perpetuates gender inequality and disempowers women. Access improves women’s safety and their opportunities to participate in society, to work, and to care for families. [MDG 3]
• Clean water and sanitation are among the most powerful preventative measures for child mortality. [MDG 4]
• Access reduces the incidence of diseases and afflictions that undermine maternal health and contribute to maternal mortality. [MDG 5]
• Half of all hospital beds, and countless sick beds, are occupied by people suffering from water related diseases. Appropriate management and provision will save millions of lives and prevent enormous suffering. It will also release resources in the health systems to be spent on curing other ills. [MDG 6]
• Improved management and governance of water resources is indispensible for a healthy environment. Recent weather related calamities unambiguously show that water is the harbinger of a changing climate. Water is indispensible for all living things. Green economies need water to grow and flourish. [MDG7]

We urge the participants of the High Level Plenary Meeting on the MDG’s to recognize fully, and act upon, the fundamental roles of water resources, drinking water, sanitation and hygiene for achieving the MDG’s. In particular, we request the High Level Plenary Meeting to raise international commitments from all governments for the provision of sanitation and water for all, with a 5 year drive on sanitation that is seriously lagging behind. [MDG8]

Sanitation and water are not just targets or sectors. They are the fundamental basis for life and indispensible to sustainable economic and social development. They must feature prominently in your priorities.
Annex 4: Key References


Additional information on ACF technical policies and strategies

Additional information is available at ACF headquarters and includes the International Strategy 2015 document, yearly mission strategies, all technical and operational policies produced by the Organisation (Gender, HIV, Research, Food Security and Livelihoods, Nutrition). Please also consult the document “nutrition works” (2010), as well as the numerous WASH technical manuals produced, all available on line at www.actioncontrelafaim.org website, and at Hermann Editions, 6 rue de la Sorbonne, 75005 Paris, France.
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